



JPW

PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/697,719
Filing Date	October 30, 2003
First Named Inventor	Patrick J. Houle
Art Unit	3626
Examiner Name	Robert D. Rines
Attorney Docket Number	082238.3000-101

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client has been non-responsive to communication (sent by certified mail, return receipt for which receipt has been verified) requesting instructions for responding to the office action in this matter (final response deadline is 12/30/06). Copies of the communication and signed delivery receipt are attached hereto in support of this Request for Withdrawal.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Value Benefits Insurance Agency, Inc.				
Address	250 Commercial Street				
City	Worcester	State	MA	Zip	01608
Country	USA				
Telephone	508-373-5050		Email		
Signature					
Name	Jodi Ann McLane for attorneys associated w/customer #30407		Registration No.	36,215	
Date	October 23, 2006		Telephone No.	508-791-3511	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



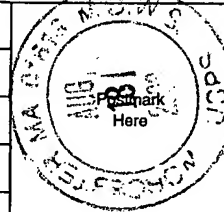
7298 1067 0005 0050 2907 7003

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Sent To
Mr. E. Paul Tinsley, Value Benefits
Street, Apt. No.; Insurance Agency
or PO Box No. 250 Commercial Street
City, State, ZIP+4 Worcester, MA 01608

PS Form 3800, June 2002

See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

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- Consult postmaster for fee.

3. Article Addressed to:
Mr. E. Paul Tinsley
Value Benefits Insurance
Agency
250 Commercial Street
Worcester, MA 01608

4a. Article Number
7003 0500 0005 1067 7298

4b. Service type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
8/31

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

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*Bowditch
& Dewey*
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Direct telephone (508) 926-3456
Direct facsimile (508) 929-3073
Email: jmcane@bowditch.com

August 18, 2006

Certified Mail, Return Receipt Requested
No. 7003 0500 0005 1067 7298

Mr. E. Paul Tinsley
Value Benefits Insurance Agency, Inc.
250 Commercial Street
Worcester, MA 01608

Re: U.S. Patent Application No.: 10/697,719
Title: Integrated System and Method for Insurance
Products
Inventor: Patrick J. Houle, et al.
Our Docket No.: 082238.3000-101

RESPONSE REQUIRED BY SEPTEMBER 12, 2006

Dear Mr. Tinsley:

Enclosed is a copy of the Office Action we have received from the U.S. Patent and Trademark Office in connection with the above-identified patent application. A copy of the references and claims as pending are enclosed for your convenience. A response to the Office Action is due on or before **September 30, 2006**. Please note extensions of time to respond, up to December 30, 2006 are available upon the payment of additional fees.

In the Action, claims 1-32 were been rejected under 35 U.S.C. § 102(e) as being anticipated by Freedman et al. (U.S. Patent Application Publication No. 2002/0002475).

In addition to the above, claims 1-32 were also provisionally rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claims 1-32 of co-pending Application No. 10/697,719. This objection can be overcome by filing a terminal disclaimer for this case.

Because our files indicate that you did not want to pursue this application further, we have not reviewed the Freedman reference or the Examiner's rejection. As you are aware, Attorney Dwight Schweitzer (tel. 305-576-2055) was in contact with our office regarding the possibility of his client obtaining rights to this patent. We have not had further word from Attorney Schweitzer and, in order to keep the patent pending, a response to the Office Action must be filed.

{Client Files\IP\082238\3000\3000-101\COR\00755448.DOC;1}

BOWDITCH & DEWEY, LLP 311 MAIN STREET PO BOX 15156 WORCESTER, MA 01615-0156
T 508 791 3511 F 508 756 7636 www.bowditch.com

Boston Framingham Worcester

B

Mr. E. Paul Tinsley
August 18, 2006
Page 2

As you are aware, the attorney who drafted this application, Tom Hoover, is no longer with Bowditch & Dewey. The scope of the prior art is beyond the scope of our firms technical expertise and advise you to seek other counsel if you plan on filing a substantive response. This transfer needs to be done as soon as possible in order to best protect your company's interests. We also recommend transferring the co-pending case identified below at this time:

Our Docket No.	Title	Serial No.	Filing Date
082238.3000-100	Integrated System and Method for Insurance Products	10/135,191	04/29/2002

To protect your pending patent interests, we recommend that you immediately hire another patent attorney to continue prosecution of your patent matters. In an attempt to make this transition as smooth as possible, please complete the enclosed File Transfer Authorization, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b) documents which revoke all previous powers of attorney and authorize us to effect transfer of your matters to new counsel. Please sign and date each document where indicated and return these documents to us as soon as possible. A self-addressed stamped envelope has been enclosed for your convenience.

Due to the time-sensitive nature of patent prosecution, it is imperative that we receive the above-referenced documents as soon as possible. **If we do not receive these documents by September 30, 2006, we will transfer your files to you and file a request with the United States Patent and Trademark Office to withdraw as attorney of record for these matters.**

We apologize for any inconvenience this may have caused you. If you should have any questions, please do not hesitate to contact our office.

Very truly yours,



Jodi-Ann McLane

JAM/rlw
Enclosures

FILE TRANSFER AUTHORIZATION

By way of this letter, the undersigned hereby directs, authorizes and consents to the release of any and all patent prosecution files including, without limitation, all related electronic documents originated, maintained and/or received by Bowditch & Dewey, LLP in connection with, or related to, these Client matters to:

Attorney Name:	
Firm Name:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

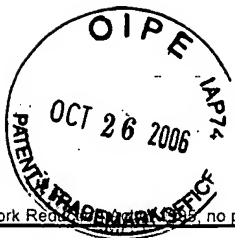
With the succession and confirmation of this transfer, Client will release Bowditch & Dewey, LLP of the responsibility for the maintenance, preservation and dissemination of the transferred files.

Value Benefits Insurance Agency, Inc.

Client Signature

Printed Name

Title



PTO/SB/81 (11-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/697,719
Filing Date	October 30, 2003
First Named Inventor	Patrick J. Houle, et al.
Title	Integrated System and Method for Insurance Pr
Art Unit	3626
Examiner Name	Robert D. Rines
Attorney Docket Number	082238.3000-101

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Telephone

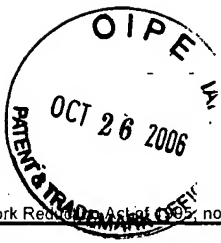
Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/697,719
Filing Date	October 30, 2003
First Named Inventor	Patrick J. Houle, et al.
Art Unit	3626
Examiner Name	Robert D. Rines
Attorney Docket Number	082238.3000-101

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

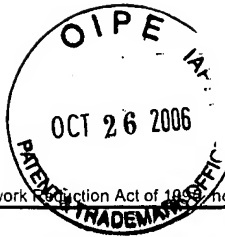
Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Patrick J. Houle, et al.

Application No./Patent No.: 10/697,719 Filed/Issue Date: October 30, 2003

Entitled: Integrated System and Method for Insurance Products

Value Benefits Insurance Agency, Inc., a corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015149, Frame 0186, or for which a copy thereof is attached.

OR

B ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

Date

Printed or Typed Name

Telephone Number

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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